| PATENT APPLICATION F | EE DETERMINATION RECORD |
|----------------------|-------------------------|
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Effective October 1, 2000

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                  |                 |                      |                              | SMALI<br>TYPE           | SMALL ENTITY TYPE                       |              |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|----------------------------------|-----------------|----------------------|------------------------------|-------------------------|---|--------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |                                  |                 |                      |                              |                         | RAT                                     | E            | FEE                    |                               | RATE                | FEE                    |
| FOR  |  |                                  | NUMBER FILED    |                      | NUMBER EXTRA                 |                         | BASIC                                   | FEE          | 355.00                 | OR                            | BASIC FEE           | 710.00                 |
| TO   | TAL CHARGEA                                    | BLE CLAIMS                       | 2/ minus 20=    |                      | •                            |                         | X\$ 9                                   | =            |                        | OR                            | X\$18=              | 18                     |
| INDEPENDENT CLAIMS   |  |                                  | / mir           | nus 3 =              | •                            |                         | X40                                     | =            |                        | OR                            | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                  |                 |                      |                              |                         |   | ;=           |                        | OR                            | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                  |                 |                      |                              |                         | TOTA                                    | AL.          |                        | OR                            | TOTAL               | 728                    |
| CLAIMS AS AMENDED - PART II  |  |                                  |                 |                      |                              |                         | OTHER THAN SMALL ENTITY OR SMALL ENTITY |              |                        |                               |                     |                        |
|  |  | (Column 1)<br>CLAIMS             |                 | (Colur               |                              | (Column 3)              | SMA                                     |              |                        | Un<br>I de                    | SWIALL              |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT  |                 | NUM<br>PREVIO        | BER<br>DUSLY                 | PRESENT<br>EXTRA        | RAT                                     | E            | ADDI-<br>TIONAL<br>FEE | 4                             | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 24                             | Minus           | 2                    | 0                            | <b>=</b> 3 <sup>7</sup> | X\$ 9                                   | )=           |                        | OR                            | X\$18=              | 54                     |
| ME   | Independent                                    | • 4                              | Minus           | ***                  | 3                            | = 1                     | .X40                                    | =            |                        | OR                            | X80=                | 86                     |
|  | FIRST PRESE                                    | NTATION OF MI                    | JLTIPLE DEF     | PENDENT              | CLAIM                        |                         | +135                                    | =            |                        | OR.                           | +270=               | <u>-</u>               |
| •  |  |                                  |                 |                      |                              |                         |   | TAL          |                        | <i>e</i> -                    | TOTAL               | 100                    |
|  | ₹.   |                                  |                 |                      |                              |                         | ADDIT.                                  | EE           |                        | OR                            | ADDIT. FEE          | 170                    |
|  | In the section                                 | (Column 1)<br>CLAIMS             |                 | (Colu                |                              | (Column 3)              | 1                                       | 7            |                        | I I                           |                     |                        |
| B TN:  |  | REMAINING<br>AFTER<br>AMENDMENT  |                 | NUM<br>PREVI         | BER                          | PRESENT<br>EXTRA        | RAT                                     | Ε            | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| N O  | Total  | •                                | Minus           | **                   |                              | =                       | X\$ 9                                   | =            | :}:                    | OR                            | X\$18=              |                        |
| AMENDMENT  | Independent                                    | •                                | Minus           | ***                  | <del></del>                  | =                       | X40                                     | =            |                        | OR                            | X80=                |                        |
| L  | FIRST PRESE                                    | NTATION OF M                     | JLTIPLE DEF     | FNDEN                | CLAIM                        |                         | +135                                    | <b>&gt;=</b> |                        | or.                           | +270=               |                        |
|  | •  |                                  |                 |                      |                              |                         | TC<br>ADDIT.                            | TAL          | <del></del>            | OR                            | TOTAL<br>ADDIT, FEE |                        |
|  |  | (Column 1)                       |                 | (Colu                | mn 2)                        | (Column 3)              |   | FEE 1        |                        |                               | ADDIT. FEE          | ·                      |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT |                 | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA        | RAT                                     | Ε            | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •                                | Minus           |                      |                              | =                       | X\$ 9                                   | )=           |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | •                                | Minus           | •••                  |                              | =                       | X40                                     |              |                        | OR                            | X80=                |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                 |                      |                              |                         | ┚┝──                                    |              |                        |                               | .070                |                        |
|  | If the entry in colu                           | mn 1 is less than t              | he entry in col | ımın 2 writ          | o "0" es                     | olumn 3.                | +13                                     |              |                        | OR                            | +270=<br>TOTAL      | ļ                      |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |                 |                      |                              |                         |   |              |                        |                               |                     |                        |